

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

GOVERNMENT INTEGRITY FUND ACTION NETWORK; THE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9956.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1431750.00"/>	<input type="text" value="2549250.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1441706.99"/>	<input type="text" value="2549250.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1439069.50"/>	<input type="text" value="2546612.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2637.49"/>	<input type="text" value="2637.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

GOVERNMENT INTEGRITY FUND ACTION NETWORK; THE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1431750.00	2549250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1431750.00	2549250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1431750.00	2549250.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1431750.00	2549250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1431750.00	2549250.00

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7319.50	14864.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7319.50	14864.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1331750.00	2431748.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100000.00	100000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100000.00	100000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1439069.50	2546612.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1439069.50	2546612.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1431750.00	2549250.00
34. Total Contribution Refunds (from Line 28(d))	100000.00	100000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1331750.00	2449250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7319.50	14864.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7319.50	14864.51

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
GOVERNMENT INTEGRITY FUND ACTION NETWORK; THE

Full Name (Last, First, Middle Initial) A. Government Integrity Fund		Date of Receipt
Mailing Address 6712 Ridpath Rd.		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City State Zip Code Grove City OH 43123		Transaction ID : SA11AI.4155
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="31750.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="507250.00"/>	

Full Name (Last, First, Middle Initial) B. Government Integrity Fund		Date of Receipt
Mailing Address 6712 Ridpath Rd.		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Grove City OH 43123		Transaction ID : SA11AI.4150
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="900000.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1407250.00"/>	

Full Name (Last, First, Middle Initial) C. Government Integrity Fund		Date of Receipt
Mailing Address 6712 Ridpath Rd.		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City State Zip Code Grove City OH 43123		Transaction ID : SA11AI.4151
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500000.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1907250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1431750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1431750.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOVERNMENT INTEGRITY FUND ACTION NETWORK; THE

Full Name (Last, First, Middle Initial)

A. Brentwood Compliance Services LLC

Mailing Address 2417 Brentwood Rd.

City Bexley State OH Zip Code 43209

Purpose of Disbursement
FEC Compliance Filing Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	2

Transaction ID : SB21B.4149

Amount of Each Disbursement this Period

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 41 S. High Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	2

Transaction ID : SB21B.4145

Amount of Each Disbursement this Period

2	9	3	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 41 S. High Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	2

Transaction ID : SB21B.4147

Amount of Each Disbursement this Period

2	6	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

7	3	1	9	5	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	3	1	9	5	0	0	0	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GOVERNMENT INTEGRITY FUND ACTION NETWORK; THE

Full Name (Last, First, Middle Initial)

A. Government Integrity Fund

Mailing Address 6712 Ridpath Rd.

City State Zip Code
Grove City OH 43123

Purpose of Disbursement
Refund of accidental wire transfer error.

010
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

Transaction ID : SB28A.4154

Amount of Each Disbursement this Period

100000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

100000.00
100000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) GOVERNMENT INTEGRITY FUND ACTION NETWORK; THE	FEC IDENTIFICATION NUMBER ▼ C C00498832
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group		Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 815 Slaters Lane		Amount 40000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media Placement	Category/Type 004	Transaction ID : SE.4140
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1300000.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Clear Channel Outdoor - Columbus		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 770 Harrison Drive		Amount 31750.00
City Columbus	State OH	Zip Code 43204
Purpose of Expenditure Billboard Placement and Production	Category/Type 004	Transaction ID : SE.4115
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 31750.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	431750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William M Todd

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) GOVERNMENT INTEGRITY FUND ACTION NETWORK; THE	FEC IDENTIFICATION NUMBER ▼ C C00498832
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Target Enterprises		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 15260 Ventura Blvd Suite 1240		Amount 90000.00
City Sherman Oaks	State CA Zip Code 91403	
Purpose of Expenditure Media Placement and Production	Category/Type 004	Transaction ID : SE.4136
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 90000.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	90000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	1331750.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William M Todd

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 03 / 2012**